

Acronyms

QPP	Quality Payment Program	CMS rewards reward high-value, high-quality Medicare clinicians with payment increases - while at the same time reducing payments to those clinicians who aren't meeting performance standards. QPP started on January 1, 2017.
MIPS	Merit Based Incentive Models	A Quality Payment Program implemented by CMS which rewards value and outcomes by measuring performance through data in 4 areas: Quality, Improvement Activities, Promoting Interoperability and Cost
MACRA	Medicare Access and CHIP Reauthorization Act of 2015	A legislation signed into law on April 16, 2015-created the Quality Payment Program
APM	Alternative Payment Models	A payment approach that gives added incentives to provide high-quality and cost-efficient care. These apply to a specific clinical condition, a care episode or a population
SGR	Sustainable Growth Rate	A method used by CMS to control spending by Medicare or physician services prior to the MIPS MACRA implementations
PQRS	Physician Quality Reporting System	A healthcare quality improvement incentive program initiated by the CMS in 2006, now included as a part of the MIPS program

Quality Payment Programs

Quality Payment Program: A Quality Payment Incentive Program – provides clinicians with two ways to participate: through Advanced Alternative Payment Models (APM) and Merit-Based Incentive Payment Systems (MIPS)

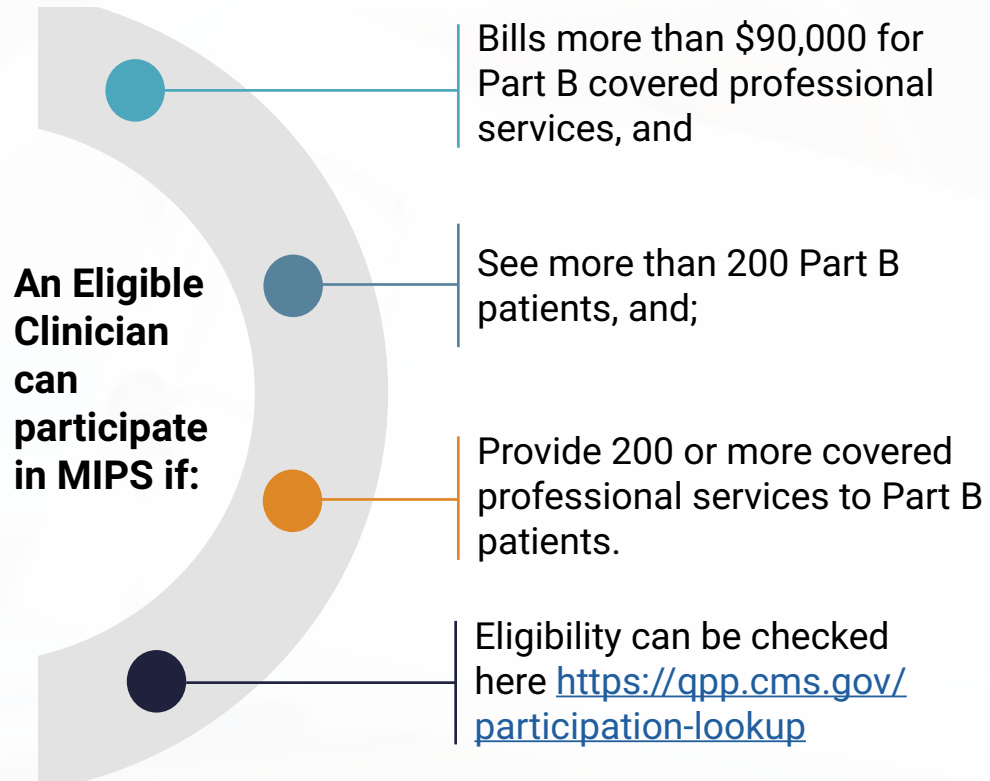
MIPS (Merit-Based Incentive Payment System)

- Earnings for performance-based payment adjustments for services provided to Medicare patients
- Performance is reported through data reported in four areas: Quality, Improvement Activities, Promoting Interoperability and Cost
- Consolidates previous programs: EHR Incentive Programs, Physician Quality Reporting System (PQRS) and Value Based Payment Modifier (VBM)

APM (Alternative Payment Model)

- Customized payment approach for clinicians providing high-quality and high-value care
- MIPS eligible clinicians participating in an APM are also subject to MIPS.
- Alternative Payment Models can apply to a specific clinical condition, a care episode or a population

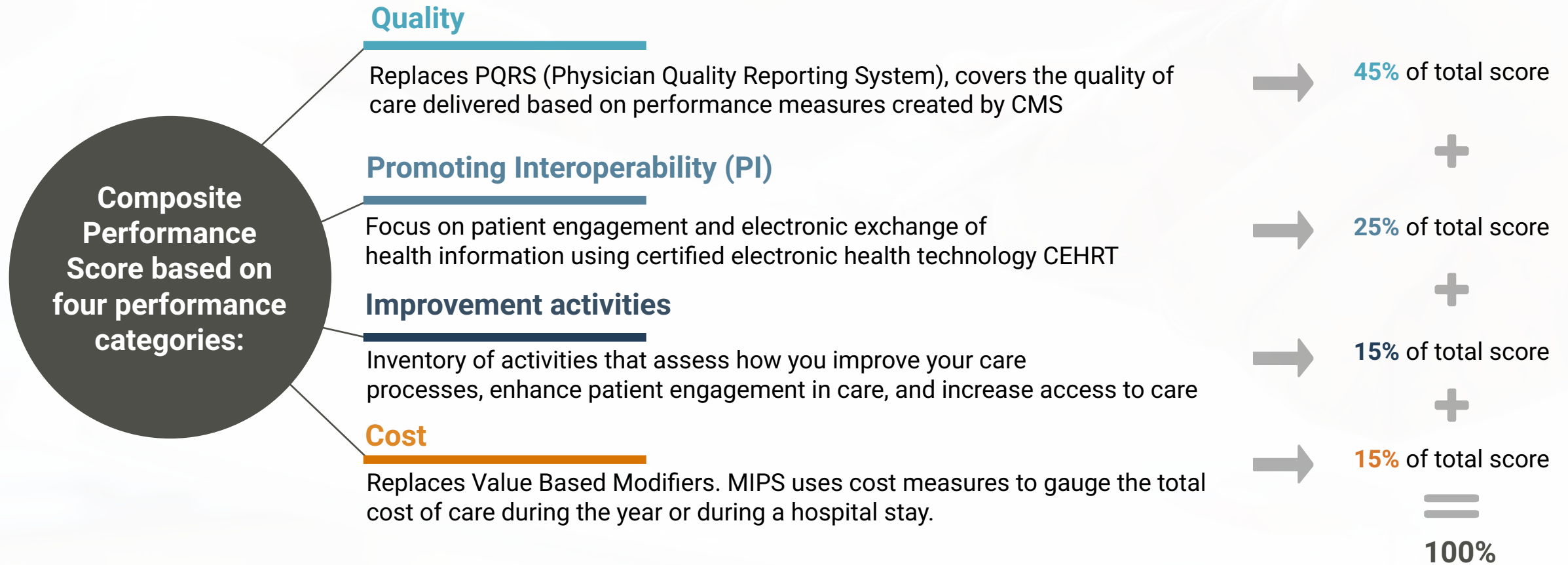
MIPS Eligible Clinicians



Following clinician types are eligible to report for MIPS	
• Physicians(including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)	
• Osteopathic practitioners	• Chiropractors
• Physician assistants	• Nurse practitioners
• Clinical nurse specialists	• Certified registered nurse anesthetists
• Physical therapists	• Occupational therapists
• Clinical psychologists	• Speech-language pathologists
• Audiologists	• Registered dietitians or nutrition professionals

Eligibility is based on NPI (National Provider Identifier) and associated TIN (Taxpayer Identification Number)

MIPS - Overview



Final score for MIPS determines the payment adjustment. Score is calculated by assessing applicable measures and activities for each performance category

Quality measures

- Measures data for a 12-month performance period (Jan 1st – Dec 31st)
- Submit data for at least 6 quality measures for the 12-month performance period
- At least one outcome or high priority measure
- Performance data for 70% of the patients who qualify for each measure will need to be reported
- Choose from 250 Quality Measures or QCDR measures (Qualified Clinical Data Registry)
- Replaces the PQRS measures
- Factors that can help in the selection of measures to report
 - Specialty
 - Type of care provided (Preventive, Acute, Chronic)
 - Encounters where there are a good number matching the denominator for a measure
 - Other Quality reporting programs in use

Steps to implement



Understanding Requirements:-Report 6 quality measures including 1 outcome or high-priority measure or a defined specialty measure set or quality measures included in the CMS web interface

Choose your Quality measures
<https://qpp.cms.gov/about/resource-library> Collection Type:

- Electronic Clinical Quality Measures (ECQMs)
- MIPS Clinical Quality Measures (MIPS CQMs)
- Qualified Clinical Data Registry (QCDR) Measures
- Medicare Part B Claims Measures
- CMS Web Interface
- CAHPS for MIPS Survey Measure
- Administrative Claims

Collect Data: Start data collection on January 1, 2020 to meet data completeness requirements

Submit Data: a. Through routine billing practices b. Login to the QPP system and upload data file in the required format c. CMS Web Interface d. QPP submission API

Review your Performance feedback: Preliminary scoring information will be available beginning January 4, 2021

Final performance feedback will be available July 2021

Promoting Interoperability Measures

- Promotes patient engagement and electronic exchange of information using certified electronic health record technology (2015 edition of CEHRT)
- 10 measures spread over 4 objectives for 90 continuous days:
 - E-prescribing
 - Provider to Patient Exchange
 - Health Information Exchange
 - Public Health and Clinical Data Exchange
- Clinicians must provide EHR's CMS Identification code from the Certified Health IT Product List (CHPL) and submit a "yes" to:
 - The Prevention of Information Blocking Attestation,
 - The ONC Direct Review Attestation, and;
 - The security risk analysis measure

Understand Reporting Requirements: Check your participation status here <https://qpp.cms.gov/participation-lookup> If not eligible, and if qualified for a Promoting Interoperability Performance Category Hardship Exception, then submit an application to CMS for an exception and reweighting

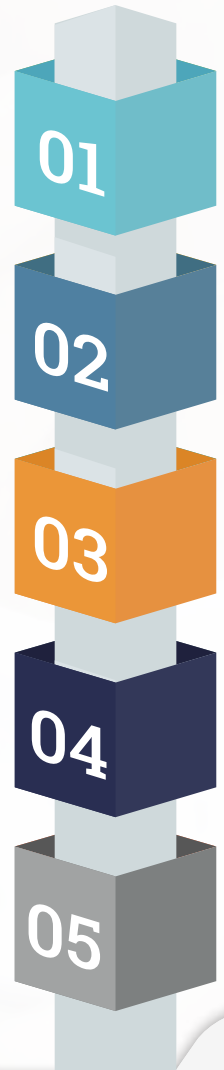
Review the certified EHR (CEHRT) technology requirements and provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>, when submitting your data

Review the Measures and Performance Period Requirements: Within the mentioned objectives, there are 6 required measures in addition to required attestations. The last 90-day performance period begins on **October 3, 2020**.

Perform or Review a Security Risk Analysis

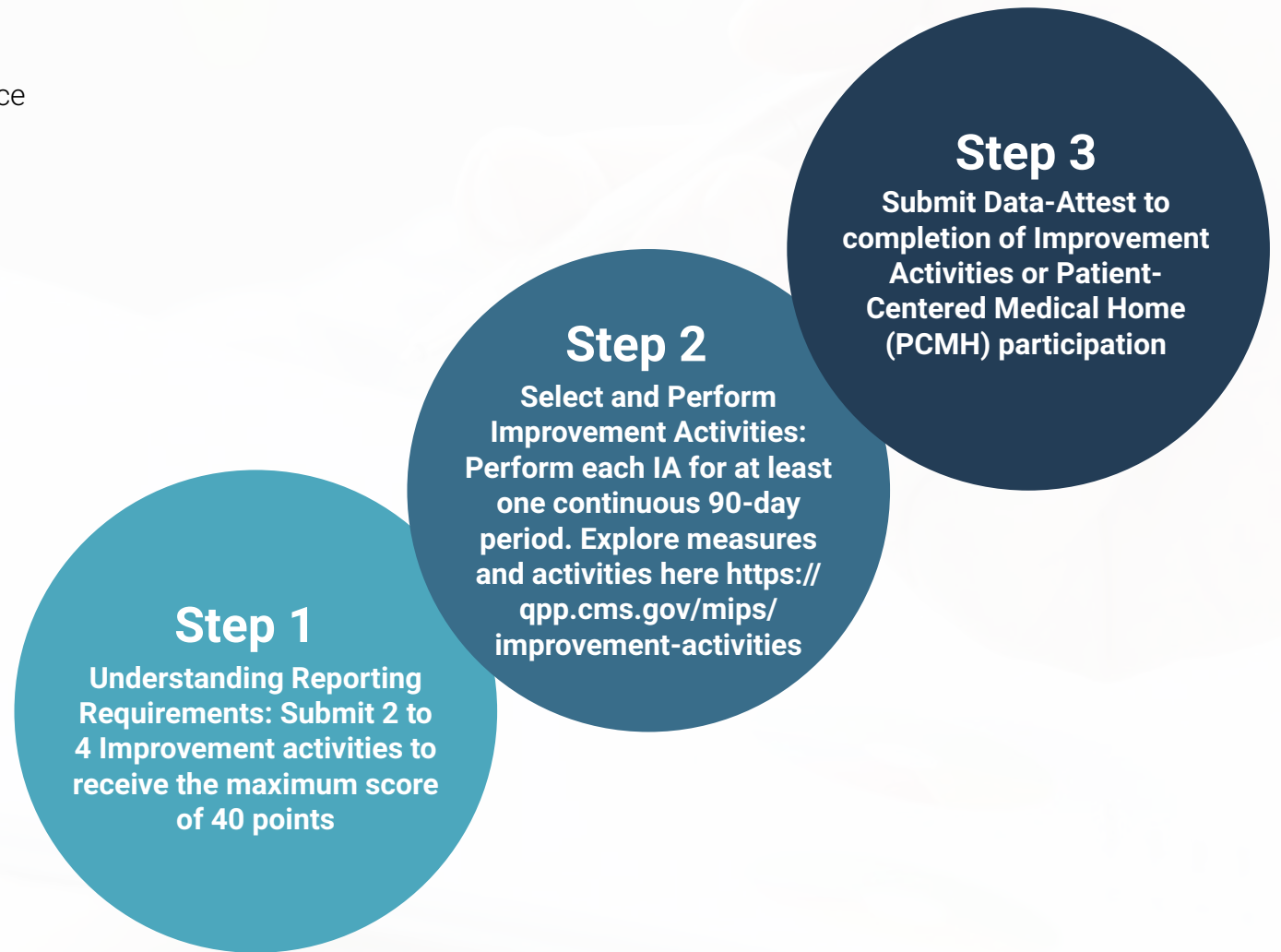
Submit your data

Steps to implement



Improvement Activities

- Measures participation in activities that improve clinical practice
- Includes:
 - 2 high-weighted activities
 - 1 high-weighted activity and 2 medium-weighted activities
 - 4 medium-weighted activities
- 106 Improvement activities in all within the following sub-categories:
 - Achieving Health Equity
 - Behavioral and Mental Health
 - Beneficiary Engagement
 - Care Coordination
 - Emergency Response and Preparedness
 - Expanded Practice Access
 - Patient Safety and Practice Assessment
 - Population Management



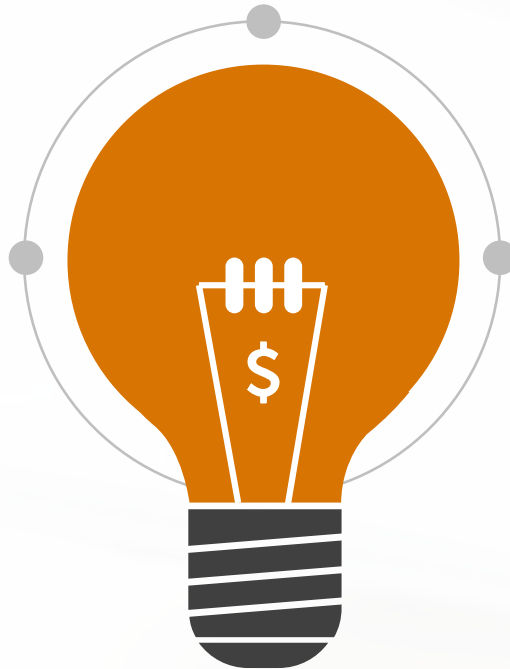
Steps to implement

Cost Measures

No submissions required- Calculated from Medicare administrative claims



20 Cost Measures



Calculated by comparing performance against benchmarks on the same year's performance

- Minimum number of cases required for each measure are:
- Minimum 35 cases for Medicare Spending Per Beneficiary Clinician (MSPB)
- Minimum of 20 cases for Total Per Capita Cost for all attributed beneficiaries
- Minimum 20 episodes for acute inpatient

How We Help



To learn how Damo consulting can help define your roadmap towards MIPS MACRA reporting, [contact us](#).

To learn more about how Damo Consulting can help build and implement interoperability and patient access roadmaps, write to us: info@damoconsulting.net

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As a preferred advisory partner and expert in digital transformation strategies, we are committed to supporting healthcare enterprises with digital health innovation while helping technology providers seize the opportunity for growth through the right market strategies.



Damo Consulting is a digital transformation and strategic growth advisory firm serving healthcare enterprises and the technology companies that support them. We specialize in delivering actionable healthcare market intelligence and branded thought leadership for our clients.

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